



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT WILLIAMSPORT HOSPITAL

City of Hospital: Williamsport

Year Begin: 07/01/2020 (mm/dd/yyyy format)

Year End: 06/30/2021 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-1307

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8025632
Outpatient Patient Service Revenue	\$66721619
Total Gross Patient Service Revenue	\$74747251

2. Deductions From Revenue

Contractual Allowance	\$52469778
Other Deductions	\$0
Total Deductions	\$52469778

3. Total Operating Revenue

Net Patient Service Revenue	\$22277473
Other Operating Revenue	\$865320
Total Operating Revenue	\$23142793

4. Operating Expenses

Salaries and Wages	\$6876973	Employee Benefits	\$1842701
Depreciation and Amortization	\$731727	Interest Expense	\$123875
Bad Debt	\$1914300	Other Expenses	\$11317416
Total Operating Expenses	\$22806992		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$335802	Total Assets	\$9725033
Net Non-operating Gains over Loss	\$-4789	Total Liabilities	\$11109256

Total Net Gains	\$331013
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$38701605	\$28989892	\$9711713
Medicaid	\$13554656	\$11855250	\$1699406
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$17087785	\$7680028	\$9407757
Total	\$69344046	\$48525170	\$20818876

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$7540	\$-7540
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$83930	\$-83930

Number of Medical Professionals Trained	N/A
Number of Hospital Patients Educated	425
Number of Citizens Exposed to Health Education Messages	N/A

Statement Six: Charity Statement

Hospital Charity Charges	\$1464478
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$309160	
HCI Payments	\$0		
Subtotal	\$0	\$309160	\$-309160
Medicaid Shortfalls	\$1364543	\$4156887	
Subtotal	\$1364543	\$4466047	\$-3101504
DSH Payments	\$0		
Subtotal	\$1364543	\$4466047	\$-3101504
Medicare Shortfalls	\$9286951	\$8170149	
Other Government Programs	\$0	\$0	
Total	\$10651494	\$12636196	\$-1984702

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$42995	\$-42995
Community Assessment	\$0	\$65961	\$-65961
Provision of Taxes	\$0	\$1295416	\$-1295416
Other Allocations	\$0	\$0	\$0

Comments

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